Amendments to the Specification:

Please replace paragraph [0001] with the following amended paragraph:

[0001] This is a continuation of U.S. patent application Ser. No. 09/968,272, filed on Oct. 1, 2001, now U.S. Patent No. 6,709,456, which is a continuation-in-part of U.S. patent application Ser. No. 09/494,233, filed on Jan. 31, 2000, now U.S. Pat. No. 6,402,781.

Please replace paragraph [0080] with the following amended paragraph:

[0080] The overall length of the embodiment illustrated in FIG. 5 should be sufficient that both of the first control line 108 and second control line 110 can extend outside of the patient, while the body 102 extends throughout the pathway of the ventricular girdle 100 as illustrated in FIG. 6. For a percutaneous femoral vein access, the overall length of the device is therefore preferably at least about 200 cm, and generally within the range of from about 220 cm to about 260 cm. The length of the body 102 from proximal end 104 to distal end 106 is preferably sufficient to form a closed loop as illustrated in FIG. 6. Although both heart size and the shape of the vascular pathway will vary from individual to individual, the length of the body 102 is generally within the range of from about 6 cm to about 12 cm. The body 102 may be injection molded, extruded as a tube, or coextruded over the wire which forms first and second control lines 108 and 110. Preferably, the body 102 either comprises or is coated with a material which is sufficiently compliant to minimize trauma to the vascular intima. Also, the transverse width of a tissue contacting surface ~~114~~ 113 on body 102 is preferably sufficient to distribute compressive force to minimize the risks of localized pressure necrosis within the coronary veins.